

State of Washington

For Ecology Use Fee Paid

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM			
Name DOUGLAS A. THOMPSON	Home Tel: (509) 682-5082			
Mailing Address 418 HIGHWAY (50				
City CHELAN State WAZip+4 988				
Section 2. CONTACT - PERSON TO CALL Same as above	L ABOUT THE APPLICATION			
Name	Home Tel:() - CENTRE			
Mailing Address	Work Tel:()			
CityStateZip+4	+FAX:()			
Relationship to applicant				
DESCRIPTION OF THE PLACE OF USE. (See instruct sufficient. Estimate a maximum annual quantity to be used in acre-feet purposed for a short-term program of the water use is proposed for a short-term program of	per year: 2 acre feet/y. ject. Indicate the period of time that the water will be needed:			
If SURFACE WATER	If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: LAKE CHELAN Number of diversions:	A permit is desired for well(s).			
Source flows into (name of body of water):	Size & depth of well(s):			

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

Appl. No.: 54-35069

LO	CATION							
	ter the north-south and east-witton corner:	# Lot	in feet from the second of the	the point of divided the Co. W. Short Pl	on C	roce si	short PE ept 26, 19	89 0#
	+ 27 4)		Range(E/W)	County	/ If locati	ion of source	is platted, complow:	lete
	T27N R22E-04				Lot	Block	Subdivision	
	47 Chelan	20 10 20	205	1200	200		CI IN AL	,
	Ecology Use Date Received:		Priority D		le, ou		CHECAN	
	A: Exempt/Not Exempt FERC Licens			Dept. Of Health #			47	
Date	Accepted As Complete 10/20/20	Ву	Date Retu	urned	By	WRIA	A: 7 /	
Sa	ction 5. GENERAL WA	ATER SVS	TEM INE	OPMATION	1			
36	cuon 3. GENERAL WA	ALEKSIS	I EMI IIVE	OKWATION				
	Name of system, if named:							
								a Paliferance
3.	Briefly describe your propos	ed water system	n. (See instru	uctions.)				
3.	Briefly describe your propos	ed water system	n. (See instru	uctions.)	Linkus	Tu, 15	0	
3.	Briefly describe your propos	ned water system	n. (See instru home (uctions.) © 418 T	Light	my 15	0	
3.	Briefly describe your propos	m for	n. (See instru home o	uctions.) D 418 T Chelu	Ligher, le	my 15	3816	
3.	Briefly describe your propose water supte	m for	n. (<u>See instr</u> home (uctions.) Quantity Chele	Lighur, le	my 15	50 3816	
3.	Briefly describe your propose water supter Cresidents	m for	n. (<u>See instr</u> home (uctions.) D 418 T Chelu	Lighwan, le	my 15	3816	
3.	Briefly describe your propose water supte	m for	n. (<u>See instru</u> home o	uctions.) D 418 T Chelu	Ligher, le	ay 15	3816	
3.	Briefly describe your propose water system Chesidents	ned water system for(n. (<u>See instr</u> home d	uctions.) D 418 T Chele	Lighwa li	my 15	3816	
	Do you already have any wa	m for	home o	© 418 To Chelan	erty or syste	m?	□ YES □	NO
	water sipte. Eresidents	m for	home o	© 418 To Chelan	erty or syste	m?	□ YES □	NO
٧.	Do you already have any wa PROVIDE DOCUMENTAT	m for ter rights or cla	home of	e 418 To Cheland	erty or system Lest Kevroù	m? > OWN	oyes o	NO Ske
Sec	Do you already have any wa PROVIDE DOCUMENTAT	ter rights or clarion.	home of	e 418 To Cheland	erty or system Lest Kevroù	m? > OWN	oyes o	NO Ske
Sec.	Do you already have any wa PROVIDE DOCUMENTAT	ter rights or clarion.	home of	e 418 To Cheland	erty or system Lest Kevroù	m? > OWN	oyes o	NO Ske
Sec (Co	Do you already have any wa PROVIDE DOCUMENTAT	ter rights or classion.	ims associate west - to subm ct ATER SU pply uses.)	e 418 to the land of the land	erty or systement of the system of the system of the system in F	m? OWN ORMA	OYES O er (Veri	rske
Sec.	Do you already have any wa PROVIDE DOCUMENTAT	ter rights or classion.	ims associate west - to subm ct ATER SU pply uses.)	e 418 To Cheland	erty or systements Lest EM INF LUIA	m? SOWN ORMA	er (Vernation	rska Leuc
Sec (Co	Do you already have any wa PROVIDE DOCUMENTATE CATION 6. DOMESTIC / It completed for all domestic Number of "connections" reconnections are you within the area of an	ter rights or classical content of the content of t	ims associate West - to Lubm ct ATER SU Pply uses.) Type o er system?	d with this proper of connection	erty or systemest oxevorion in the control of the c	m? ORMA Le farcus partment,	TION Le Alse Recreational,	leuc etc.)
Sec (Co	Do you already have any wa PROVIDE DOCUMENTAT Ction 6. DOMESTIC / I completed for all domestic Number of "connections" red Are you within the area of an If yes, explain why you are under the control of the connection of the conn	ter rights or classical content of the content of t	ims associate West - to Lubm ct ATER SU Pply uses.) Type o er system?	d with this proper of connection	erty or systemest oxevorion in the control of the c	m? ORMA Le farcus partment,	TION Le Alse Recreational,	leuc etc.)
Sec (Co	Do you already have any wa PROVIDE DOCUMENTATE CATION 6. DOMESTIC / It completed for all domestic Number of "connections" reconnections are you within the area of an	ter rights or classical content of the content of t	ims associate West - to Lubm ct ATER SU Pply uses.) Type o er system?	d with this proper of connection	erty or systemest oxevorion in the control of the c	m? ORMA Le farcus partment,	TION Le Alse Recreational,	leucetc.)
Sec (Co	Do you already have any wa PROVIDE DOCUMENTAT Ction 6. DOMESTIC / I completed for all domestic Number of "connections" reconnections are you within the area of an If yes, explain why you are us County Health Department.	ter rights or classification. PUBLIC W c/public sup quested: n approved wate	ims associated word - to subm ct ATER SU pply uses.) Type of er system? ct to the system.	d with this property from Head by pply SYST f connection	enty or systements of the system in the syst	m? ORMA E facce partment,	YES OF A CONTION A CLASS Recreational, YES Gidentified by y	leucetc.)
Sec. (Co	Do you already have any wa PROVIDE DOCUMENTAT Ction 6. DOMESTIC / I completed for all domestic Number of "connections" red Are you within the area of an If yes, explain why you are under the control of the connection of the conn	ter rights or classification. PUBLIC W c/public sup quested: n approved wate	ims associated word - to subm ct ATER SU pply uses.) Type of er system? ct to the system.	d with this property from Head by pply SYST f connection	enty or systements of the system in the syst	m? ORMA E facce partment,	YES OF A CONTION A CLASS Recreational, YES Gidentified by y	leucetc.)
Sec. (Co.	Do you already have any wa PROVIDE DOCUMENTATE CATION 6. DOMESTIC / It completed for all domestic and the second of the second o	ter rights or classical contents of the conten	ims associated with the second of the second of the system? Type of the system of the system of the system? The system of the	d with this property of the last the la	enty or systements of the system in the syst	m? ORMA E facce partment,	YES OF A CONTION A CLASS Recreational, YES Gidentified by y	leucetc.)
(Ca A. B.	Do you already have any wa PROVIDE DOCUMENTAT Ction 6. DOMESTIC / I completed for all domestic Number of "connections" reconnections are you within the area of an If yes, explain why you are us County Health Department.	ter rights or clarion. PUBLIC We comblic superpublic	ims associated with the second of the second of the system? Type of the system of the system of the system? The system of the	d with this property of the last the la	enty or systements of the system in the syst	m? ORMA E facce partment,	YES OF A CONTION A CLASS Recreational, YES Gidentified by y	eucetc.) NO

ECY 040-1-14 Rev. 7/97 * * f APPLICATION
-2-

		proved version of your plan.
	CULTURAL/FARM INFORM griculture uses.)	ATION
Total number of acres to be irrigated:		
List total number of acres for other sp	pecified agricultural uses:	
Use	Acres	
Use	Acres	
Use	Acres	
Total number of acres to be covered b	by this application:	
Add up the acreage in which you have ‡ Acreage irrigated under wat ‡ Acreage proposed to be irrigated	e a controlling interest, including only: ter rights acquired after December 8, 197' gated under this application;	7;
2. Do you have a controlling into	erest in a Family Farm Development Perm	
		(If dairy cattle, see below)
Section 8. WATER STOR	AGE	
you be using a dam, dike, or other structu	ure to retain or store water?	□ YES □ NO
portion of the storage will be above grade, ye		
ction 9. DRIVING DIRECTIO	DNS	
de detailed driving instructions to the pro	oject site.	
1/2 miles pust Le Light side of roa Readed Lowards Manson	ake Chelan Shores- ed - 418 Dighee chelan Wi	98816
	Total number of acres to be irrigated: List total number of acres for other sp Use Use Use Use Total number of acres to be covered to spanning for the acreage in which you have a controlling int If yes, enter permit not specified as a dam, dike, or other structure of the storage will be above grade, yeation from the Department of Ecology. Total number of acres to be covered to the irright for the storage will be above grade, yeation from the Department of Ecology.	Total number of acres to be irrigated: List total number of acres for other specified agricultural uses: Use

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

-3-

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and	YES NO address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	d YES □ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (of authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

ECY 040-1-14 Rev. 7/97 * * f APPLICATION

-4-

ose this page to continue your answers to any	questions on the appli	cation. Please indicate section
number before answer.		
We are returning your application for the following r	reason(s):	
We are returning your application for the following r Examination fee was not enclosed	reason(s):	APPLICANT PLEASE RETUR
	reason(s):	TO CASHIER, PO BOX 5128,
Examination fee was not enclosed		TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
	reason(s):	TO CASHIER, PO BOX 5128,

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested a	The State of the Control of the Cont	application by
Ecology staff	Dar	te

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

-5-